

Get Away from the Cold Super Affordable Cruise January 11-17, 2020

PLEASE PRINT CLEARLY. FILL IN ALL BLANKS. If does not apply please enter N/A. Please fill out one form for each person.

What Group/Center are you sign	ing up with?			
NAME:				
As it appears on passport First	Middle	Last	Nickname	
BIRTHDAY:	PASSPORT NUMBER:			
ADDRESS:				
ADDRESS: Street		City		
State		Zip		
PHONE:	EMAIL:	EMAIL:		
ROOMMATE(if Applicable):				
Birthday of Room Mate:	First	Middle	Last	
OCCUPANCY: Inside Cabin \$9		ıg)		
			abin reservation at \$289 per perso	
Oceanview Cabin (porthole) \$1,4				
FOR OCEANVIEW & BALCONY				
Please choose two of the following po				
Unlimited Drink Package	Specialty Dining thr	ree times Shore	Excursion of \$100 per cabin	
Free On Board Wi-Fi				
SLEEPING ARRANGEMENTS:	1 BED 2	BEDS:DOE	SN'T MATTER:	
TRAVEL INSURANCE: I would l				
	nsurance is Non-Refun			
PAYMENT: Please check one(Che	eck preferred): CHEC	ck: Credit Ca	RD:	
Price How Many				
Tour Deposit \$500 per person x		DIT CARD: VISA MC	Discover American Express	
Travel Insurance \$200 per person_x	Number	<u></u>	Exp Date:	
OR	CVS	CVS three (or four if Am Ex) letter code:		
Full Amount \$ per person	n x FINAL P.	FINAL PAYMENT DATE: November 22, 2019		
Total Amount Enclosed	NOTE:			